

United States District Court  
Southern District of Texas

Houston Division

Fax: 713-250-5356

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**Copy Request Form and Credit Card Authorization**

Date:			
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Address:			
Requested by:		Phone:	
Credit Card:	____ Visa    ____ Master Card    ____ American Express    ____ Discover		
Card Number:		Expires:	
Signature of Card Holder:			
Case Number:	Case Name:		
Documents Requested – (\$0.10 per page for electronic documents, \$0.50 for paper documents)			
Do you require Certified copies? (\$9.00 fee per document certified)			
Search Requested – (\$26.00 fee for Certificate of Search)			
Please send documents via:      Mail _____      Pick-up _____			
Fedex Account Number: _____			